



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9233

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| SERIAL NUMBER 10/726,100 | FILING OR 371(c) DATE 12/02/2003 RULE | CLASS 606 | GROUP ART UNIT 3739 | ATTORNEY DOCKET NO. DI SALVO |
| APPLICANTS Francesco Di Salvo, Palermo, ITALY; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/499,469 09/02/2003 <i>PV 3-1-07</i> | | | | |
| ** FOREIGN APPLICATIONS ***** ITALY PA 2003 A 000007 05/19/2003 <i>PV 3-1-07</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 03/02/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY ITALY | SHEETS DRAWING 5 | TOTAL CLAIMS 30 | INDEPENDENT CLAIMS 2 |
| ADDRESS URSULA B. DAY Suite 4714 350 Fifth Avenue New York, NY10118 | | | | |
| TITLE Silver alloys for use in medical, surgical and microsurgical instruments and process for producing the alloys | | | | |
| FILING FEE RECEIVED 475 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |